

AO 435 (Rev. 12/03)		Administrative Office of the United States Courts		FOR COURT USE ONLY DUE DATE:	
TRANSCRIPT ORDER <i>Please Read Instructions above</i>					
1. NAME J. Mitchell Carrington for Financial Guarancy Ins.		2. PHONE NUMBER (601) 985-4403		3. DATE 11/28/2017	
4. MAILING ADDRESS P. O. Box 6010		5. CITY Ridgeland		6. STATE MS	7. ZIP CODE 39158
8. CASE NUMBER 17 BK 3283-LTS	9. JUDGE Swain	DATES OF PROCEEDINGS 10. FROM 11/15/2017 11. 11/15/2017			
12. CASE NAME The Financial Oversight and Mgmt Board of PR		LOCATION OF PROCEEDINGS 13. New York 14. NY			
15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input checked="" type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER					
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				Complete Transcript	
<input type="checkbox"/> BAIL HEARING				11/15/17 (AM/PM)	
17. ORDER					
CATEGORY	ORIGINAL (Includes Free Copy for the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00
18. SIGNATURE /s/ J. Mitchell Carrington				PROCESSED BY	
19. DATE 11/28/2017				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS	
ORDER RECEIVED		DATE	BY		
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED				LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	0.00

(Previous editions of this form may still be used)

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